

**NOTIFICATION TO TREAT OR DISPOSE OF
PETROLEUM CONTAMINATED SOIL & WATER**

Form 4500-168

2-98

This form is required by the Department of Natural Resources (DNR) to ensure that the remediation of petroleum contaminated soil and water is in compliance with NR 158, NR 500-540, NR 419 and NR 445, Wis. Adm. Code. Failure to comply with applicable statutes and administrative rules may lead to violations of chapters 285, 289, and 291, Wis. Stats. and may result in forfeitures of not less than \$10 or more than \$25,000 for each violation, pursuant to ss. 285.87(1), 291.97(1), and 299.97, Wis. Stats., or fines of not less than \$100 or more than \$150,000 or imprisonment for not more than 10 years, or both, pursuant to s. 291.97(2), Wis. Stats. Each day of a continuing violation constitutes a separate violation. Except for the remediation of virgin petroleum spills, this form needs to be submitted to the DNR 10 business days prior to the commencement of the remediation. Personally identifiable information found on this form is not intended to be used for any other purpose.

DIRECTIONS: 1) complete both sides of the form. 2) Have the responsible party sign the form. This signature certifies that the information on this form and in all supporting documents is accurate. 3) Submit the form with supporting documentation, lab reports and any maps to the appropriate Region Air Management Program at least 10 business days prior to the commencement of remediation. 4) Submit a copy of this form to the DNR project manager and retain a copy for your records.

PART I - GENERAL INFORMATION

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| Site Name & Address: | Date of Form Completion: |
| Site Number: | Do Other Remediation Systems Exist at This Site: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| County: | Site Type: <input type="checkbox"/> LUST <input type="checkbox"/> ERP <input type="checkbox"/> CERCLA <input type="checkbox"/> Other, Explain: |
| Responsible Party Name & Address: | Responsible Party Signature: Telephone Number: () |
| Consulting Firm Name & Address: | Consulting Firm Contact: Telephone Number: () |

PART II - SOIL AND WATER DATA (Attach Lab Reports and Calculations)

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|------------------------|---|---------------------------------------|-----------------------------------|------------------------------------|-----------------------|---|----------|
| Type of Contamination: | <input type="checkbox"/> Gasoline | <input type="checkbox"/> Diesel | <input type="checkbox"/> Fuel Oil | <input type="checkbox"/> Waste Oil | | | |
| | <input type="checkbox"/> Chlorinated Organics | <input type="checkbox"/> Other: _____ | | | | | |
| Soil Concentration: | | | | | | | |
| GRO: | _____ mg/kg/10 ⁶ | x | 2800 lb/yd ³ | x | _____ yd ³ | = | _____ lb |
| DRO: | _____ mg/kg/10 ⁶ | x | 2800 lb/yd ³ | x | _____ yd ³ | = | _____ lb |
| Benzene: | _____ mg/kg/10 ⁶ | x | 2800 lb/yd ³ | x | _____ yd ³ | = | _____ lb |
| Chlorinated Organics: | _____ mg/kg/10 ⁶ | x | 2800 lb/yd ³ | x | _____ yd ³ | = | _____ lb |
| Other: | _____ mg/kg/10 ⁶ | x | 2800 lb/yd ³ | x | _____ yd ³ | = | _____ lb |
| Water Concentration: | | | | | | | |
| GRO: | _____ mg/L | DRO: | _____ mg/L | Benzene: | _____ mg/L | | |
| Chlorinated Organics: | | _____ mg/L | Other: | | _____ mg/L | | |

PART III - TREATMENT OR DISPOSAL FACILITY INFORMATION

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|---|---|
| Treatment/Disposal Facility Name & Address: | Facility ID: |
| | Air Pollution Control Permit Number: |
| Facility Contact: | Facility Located in 10-county Area in Southeast Wisconsin? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Telephone Number: () | Distance to Nearest Residence or Business: |
| Headquarter Address: | Portable Sources Only: Has a Portable Source Relocation Notification (Form 4500-25) Been Submitted for This Location? <input type="checkbox"/> Yes <input type="checkbox"/> No |

PART III - SOIL VACUUM EXTRACTION OR GROUNDWATER REMEDIATION

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| Site Contact : | <u>Proposed Operations:</u> (Attach Calculations) |
| Telephone Number: () | Anticipated Start-Up Date: |
| Site Located in 10-county Area in Southeast Wisconsin? <input type="checkbox"/> Yes <input type="checkbox"/> No | Estimated Project Duration: |
| Distance to Nearest Residence or Business: | Number of Wells: |
| <u>Pilot Test/Soil Venting Only:</u> (Attach Lab Reports and Calculations) | Number of Emission Points: |
| Date of Test: | Stack Height: |
| Flow Rate (scfm): | Maximum Equipment Flow Rate (scfm or gpm): |
| Total Withdrawal of Air (scf): | Total VOC Emission Rate (lb/hr): |
| Total VOC Emission Rate (lb/hr): | Benzene Emission Rate (lb/hr): |
| Benzene Emission Rate (lb/hr): | Benzene Emission Rate (lb/yr): |

PART III - OTHER REMEDIATION METHODS (Attach Lab Reports and Calculations)

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| Proposing Other Remediation Method? <input type="checkbox"/> Yes | Method Name: _____ |
| Attach a project description for other remediation methods including landspreading, passive aeration and bioremediation. At a minimum, the information submitted should include the following items (with any supporting lab reports and calculations): | |
| <ul style="list-style-type: none">✓ Address/Location of Remediation Site - Indicate if this location is in the 10-county area in Southeast Wisconsin and the distance to the nearest residence or business. Include a map or site plan if appropriate.✓ Description of Remediation Method.✓ Project Contact & Telephone Number.✓ Anticipated Start-Up and Estimated Project Duration.✓ Highest Estimated Hourly VOC Emissions.✓ Highest Estimated Hourly and Annual Benzene Emissions.✓ Emission Testing Methodology.✓ Final Destination of Soil. | |